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WIC

news

Volume 18, Number 1

2009
New WIC Foods

Special Supplemental Nutrition Program for Women, Infants, and Children

It's 2009 — Healthy New Year!

W

e have so much to look forward to in 2009. January begins with the continuation of the EBT rollout. By May the entire state will have transitioned to the EBT system. We know you — local agency staff, participants, and even WIC approved stores and vendors — are as excited as we are about completing this process. We continue to hear the EBT card is a great addition to the WIC experience.

2009 will hold many learning opportunities as we gear up for the new WIC food packages. Early in the year we plan several educational events, like IDL and conference calls, about the new rules. Both fruits and vegetables and an assortment of foods in the grain group are being added to the food package. Check out the articles in this issue about these changes: “Introduction to Brown Rice” on page 4, “Fruits and Vegetables Are a Healthy Addition to the New Food Packages” on page 6, and “Test Your Nutrition IQ” on page 18.

We hope you will be excited about introducing the new healthier food

packages to participants. To help you feel confident as you answer participants’ questions about the new food packages, we plan a big kick off in May at the Nutrition and Breastfeeding Conference. Some current food amounts will be reduced, but the new food packages will make up the difference with the new and healthier food options.

While we make plans to educate and inform our participants about their new food benefits, take a minute to reflect on the many success stories featured in the WIC Wellness Works insert of the Texas WIC News. If your agency isn’t currently a part of the WIC Wellness Works program, I encourage you to join. I’m impressed with the stories I hear about local agency employees participating in the program. Congratulations to everyone who makes an effort to include some of the suggested activities into their day.

Once again, I want to thank you for your dedication to the WIC program. You do a wonderful job and I am proud to be a part of the Texas WIC success story.



From the Texas WIC Director

– Mike Montgomery



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Introducing...

brown rice

by Lindsey E. Randall
Nutrition Education Consultant

Get excited! The new and improved WIC food packages are coming October 2009.

The new food packages will offer our WIC families a variety of choices, including one pound of whole grain such as brown rice.

Since brown rice has never been offered in the food package before, be prepared to answer plenty of questions when talking about it with parents. Remember, the more information WIC participants receive about brown rice's nutrient content, how to identify it and how to prepare it, the more accepting they will be towards consuming this healthful food.

The following information focuses on the health benefits of eating brown rice and why we, as health professionals, should encourage our participants to eat it. Also included are simple, delicious, brown rice recipes to share with WIC families.

Why Brown Rice?

As a whole grain, brown rice is nutrient dense with several health benefits associated with it. Studies show that consuming whole grains can help protect against certain cancers, cardiovascular disease, diabetes and obesity.

Brown rice is categorized as a whole grain because the entire kernel, which consists of the bran, the germ, and the endosperm, is still intact. According to 2005 USDA dietary guidelines, the average adult should consume five- to eight-ounce equivalents of grains a day,

depending on the individual's calorie needs. In general, at least half of those grains consumed should be whole grains.

The fiber found in brown rice has several health benefits including weight management and improved bowel function. Fiber food sources are comprised of complex carbohydrates which are digested at a slower rate, thus giving the feeling of satiety with fewer calories. Research has correlated weight improvement with eating at least three ounce equivalents of whole grains a day. That's equal to 1½ cups of cooked brown rice.

Not only is brown rice nutritious, it is also the most non-allergenic of all grains. Brown rice is gluten-free making it an important staple in the diets of individuals with gluten sensitivities such as celiac disease.

Brown rice can be made into white rice through the refining process, which removes the bran and the germ, and some of the magnesium, dietary fiber, iron, fatty acids and B-vitamins. The Food and Drug Administration requires U.S. food suppliers to enrich or add a certain amount of iron and B-vitamins back to white rice. However, white rice is not enriched with fiber, magnesium or fatty acids.

What you should know about brown rice

Similar to other whole grains, brown rice has a relatively short shelf life. Uncooked brown rice should be stored off the floor, in a dry, cool, well ventilated area.

Before handling any food, be sure to clean food contact areas and wash hands thoroughly. Brown rice can be a potentially hazardous food so when preparing it, make sure it is free of mold or other foreign objects. However, don't rinse the rice. USDA's Food and Nutrition Services warns that rinsing rice prior to cooking may hinder the retention of vitamins. Leftover cooked brown rice should be placed in a shallow container and cooled to 40°F within six hours. Remember, it is all right to refrigerate food while it is still warm.

How to cook brown rice

Cooking brown rice takes about 45 minutes (25 to 30 minutes longer than cooking white rice). However, the nutty flavor and chewier texture of brown rice is worth the extra time. Brown rice complements nearly every meal. It's easy to cook in large quantities, and you can add it to any recipe. It is especially good in soups, salads, and main dishes.

Brown rice is an indispensable whole grain, which is not only delicious, economical, and healthy, but also has a reputation as a primary staple food. If you haven't tried brown rice, do so, and then encourage your staff and your participants to try it with the help of the recipes in this article. You can get more information and other rice recipes by checking out the USA Rice Federation website at <http://www.usarice.com>.

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<http://www.nutrition.gov/>
<http://www.fns.usda.gov/fns/>
<http://www.wholegrainscouncil.org/>
<http://www.usarice.com/>

brown rice recipes

All-Star Breakfast Rice

Ingredients:

¼ teaspoon ground cinnamon
1 tablespoon brown sugar
⅔ cup low-fat milk
1 cup cooked brown rice, fresh fruit of your choice (blueberries, raspberries, strawberries, sliced peaches, or sliced banana)

Combine brown rice, milk, brown sugar, and cinnamon in a small saucepan. Cook over medium heat for about 10 minutes or until thick and creamy. Spoon into serving bowl. Let cool for three minutes. Top with fresh fruit of your choice.



Traditional Brown Rice

Ingredients:

¾ cup of brown rice
1 medium onion, finely chopped
⅓ cup butter
10¾ ounce can of beef bouillon
½ can water
½ to 1 teaspoon of salt
parsley, optional

Preheat the oven to 350. Sauté onion and brown rice in butter. Pour bouillon and water into a 1½ quart baking dish. Add onion, brown rice, and salt to the bouillon mixture. Cover and cook 45 to 60 minutes, or until liquid is absorbed. Remove cover for the last 10 minutes. Garnish with fresh parsley and serve. For taste variations, try adding the following:

- ½ cup of sautéed mushrooms
- ½ cup of sautéed slice almonds
- ½ cup of white raisins

Fruits and Vegetables are a Healthy Addition to the New Food Packages

by Tonia Swartz, R.D., L.D.
Clinical Nutrition Specialist

Exciting changes are coming to the WIC food packages, especially with the addition of fresh and frozen fruits and vegetables. Our clients will have more choices and the opportunity to enjoy some of nature's more nutritious foods.

Why include fruits and vegetables? That's simple, for health benefits. On average, Americans do not meet the recommended five to nine servings of fruits and vegetables a day. Many factors contribute to low consumption, including economic status, attitudes towards healthy eating, taste preferences, and availability.

Including fruits and vegetables as a part of an overall healthy diet *may* reduce the risk of developing some cancers or chronic diseases by as much as 20 percent. This includes colon cancer, gastric cancer, heart disease, stroke, diabetes, and bone loss. In fact, one study found that increasing the consumption of fruits and vegetables by just one portion lowered the risk of developing coronary heart disease by four percent and risk of stroke by six percent. Including fruits and vegetables in the diet may also help lower blood pressure, improve bowel function, heal wounds, protect the eyes, fight infections and lower cholesterol levels.

Low in calories and fat, fruits and vegetables are a good source of fiber and antioxidants. Antioxidants aid in the destruction of free radicals which have been linked to the development of cancer. And, you can receive health benefits whether you chose fresh or frozen.

Fruits and vegetables are rich in vitamins and nutrients. Of significance to the WIC population are Vitamin A, folate and Vitamin C. Let's take a quick look at these vitamins individually.

***Vitamin A** helps keep eyes and skin healthy, and helps protect against infections. Sources include



sweet potatoes, spinach, mustard greens, pumpkin, cantaloupe, red peppers, Chinese cabbage and carrots.

***Vitamin C** aids in the healing of wounds, iron absorption and helps maintain healthy teeth and gums. Sources include oranges, strawberries, sweet potatoes, red and green peppers, mangos, broccoli, Brussels sprouts, tomato juice, and cauliflower.

***Folate** helps reduce a women's risk of having a child with neural tube defects such as spina bifida and helps in fetal development. It may also protect against the development of heart disease and plays a role in the production of red blood cells, which function to carry oxygen to body tissues. Sources include leafy green vegetables, dried beans, papaya, oranges, cantaloupe, and bananas.

Cost is a concern for many shoppers who worry fruits and vegetables are too expensive and that's why they don't include them in their family meals. Here are suggestions on how to buy on a budget:

- Check your grocer's weekly sales ads, look for flyers and coupons.
- Sign up for your grocer's discount card.
- Compare bulk prices to individual prices; buying in bulk may be cheaper.
- Buy fruits and vegetables that are in season. The cost is higher when you buy out of season.
- Shop at the end of the day when shopping at a farmers' market. They would rather make a sale than go home without a sale and may be more willing to bargain.
- Buy the store brand of frozen fruits and vegetables; it is often cheaper.

How to pick the best produce? Look for colors. Buy produce that matches the colors of the rainbow to ensure a good variety and to maximize health benefits. Avoid bruised or damaged produce; bacteria love to thrive in damaged areas. If buying frozen or canned, look for fruits in natural juices with no added sugars and canned vegetables without added salt. Examine cans carefully. Do not buy cans that look damaged or dented, or have puffed lids as they may have harmful bacteria inside.

Finally, if your family does not usually eat fruits and vegetables, there are a few tips you can try. Allow the entire family to share in meal planning, shopping and meal preparation to encourage acceptance. This may mean asking your child to pick three good-looking oranges or the biggest tomato they can find. Children are often willing to try foods when they feel involved. They are proud to help. (Don't give up if your first try is not successful, it may take several tries.) Some studies have shown that even if children did not like the taste of most fruits and vegetables, when they were made available, intake was increased.

Try fun ideas, such as dipping broccoli into yogurt or apple slices into peanut butter. Remember to incorporate five to nine servings a day to achieve optimal health benefits. Go to <http://www.mypyramid.gov> to find your personal meal plan.

Sources:

University of Minnesota, School of Public Health
<http://www.fruitsandveggiesmatter.org>
<http://www.mypyramid.gov>
<http://www.5aday.gov>





Obesity and Sleep: WHAT'S THE CONNECTION?

by Amy Culp, R.D., L.D. Nutrition Therapist

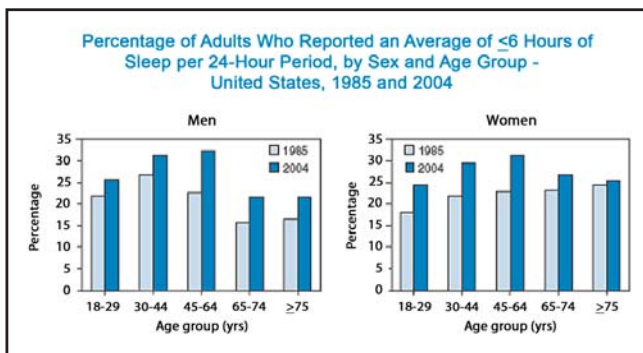
Weight management seems simple – calories in versus calories out, right? At times, yes, it comes down to consumption of calories minus calories burned. But, more and more research finds many factors contribute to that equation. As health educators, it is important to stay up on the latest research and recommendations so we can give our participants the most current information.

How Sleep Deprivation Contributes Negatively To Weight Management

To fully understand the connection between sleep deprivation and weight management, it is helpful to evaluate the sleep habits of Americans and how they have changed along with the rising overweight and obesity rates. Unpublished data from a 2004 National Health

Interview Study (Table 1) found that the number of adults in the United States averaging less than six hours of sleep in 24 hours dramatically increased in the past two decades.

Table 1

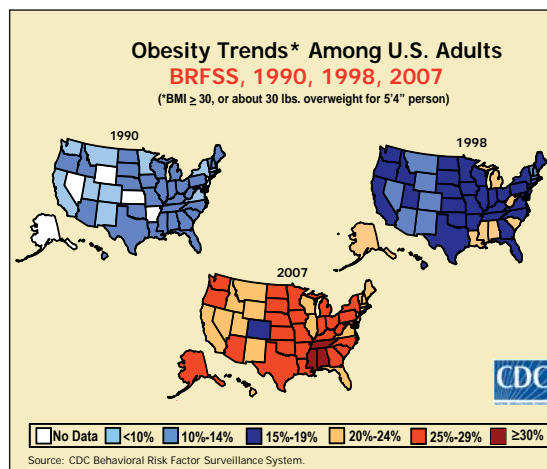


In a 2000 Omnibus Sleep in America poll, it was documented that the average adult admitted to seven hours of sleep per night. In addition, 33 percent of respondents claimed to sleep at least eight hours per night during the work-week, while 33 percent reported to sleep less than six and a half hours. For shift workers,

49 percent stated that while working, they slept six and a half hours or less. Alternatively, a century ago, the average American slept about nine hours per night (Webb and Agnew 1975).

Keep in mind the decline in sleep as you consider the information in the following visual that depicts the rise of overweight and obesity in the United States.

Graphic 1



Upon evaluating the data, there appears to be a parallel growth among obesity and sleep deprivation. Recent research supports this notion. A 2001 study of 321 men and 132 women found that those who were sleeping less than six hours per night and remaining awake beyond midnight had an increased likelihood of obesity (Shigeta et al. 2001). In 2005, Voronoa, et al. found that when analyzing 924 patients, women slept more than men, and overweight and obese patients slept less than those with a normal body mass index (BMI). Patients reported less sleep in a nearly linear relationship from the normal through the obese group. However, the trend of decreasing sleep time was reversed in extremely obese patients. The suggestion that the U.S. obesity epidemic might have as one of its causes a corresponding decrease in the average number of hours Americans are sleeping was confirmed in a 2005 study of a nationally representative sample of about 10,000 adults. The study found that people between the ages of 32 and 49 who sleep less than seven hours a night are significantly more likely to be obese. The self-reported sleep durations at a baseline of less than seven hours had higher average body mass indexes and were more likely to be obese than subjects with durations of seven hours. Sleep durations of greater than seven hours were not consistently associated with either an increased or decreased likelihood of obesity.

It appears children are not excluded from this data. A study of over 9,000 7-year-olds, whose growth had been followed since birth, examined factors in early childhood that may later cause obesity. The results of the study shows that children aged 30 months who slept the least were more likely to be obese at age 7 than children who slept more (Reilly et al., 2005). Sekine, et al. investigated

over 8000 6- to 7-year-olds in Japan. They found that parental obesity, physical inactivity and long TV watching were significantly associated with childhood obesity (no big surprise there). Also, a significant relationship between late bedtime or short sleeping hours and obesity was found whereas wake-up time was not significantly related to obesity.

There could be many causes for this correlation. Some scientists speculate that sleep deprivation might be disrupting hormones that regulate appetite. Other scientists hold that the physical discomfort of obesity and related problems, such as sleep apnea, reduce an individual's chances of getting a good night's sleep.

A closer look at the research shows sleep restriction causes a cascade of events that appear to disrupt actions involving glucose regulation and neuroendocrine function that take place during normal sleep patterns to aid in homeostasis. Researchers have found many correlations. For example, in the absence of sleep, GH secretion is markedly decreased (Sheen et al. 1996). Also, cortisol concentration in the evening is increased in subjects with short sleeping hours. In addition, sleep restriction causes a significant increase in sympathetic nerve activity and a slow response in insulin secretion after intravenous glucose injection (Spiegel et al. 1999). Insufficient sleep causes peripheral effects that may potentiate obesity such as insufficient thyroid stimulating hormone (TSH) increase, poor glucose tolerance, increased sympathovagal balance, increased evening and nocturnal cortisol levels, reduced the hormone leptin (increased time awake means increased time to eat) (Vorona et al 2005).

Spiegel, et al. completed a small study of young, healthy, normal-

weight men in 2004. The participants were put under a sleep restriction phase (four hours of sleep on two consecutive nights) and a sleep extension phase (slept up to ten hours on two consecutive nights). During the sleep restriction phase, leptin (the hormone that signals the brain to stop eating) levels were 18 percent lower, while ghrelin (the hormone that signals the brain to keep eating) levels were 28 percent higher than they were during the sleep extension phase. Also, the mean hunger ratings were 24 percent higher than they were during the sleep extension phase. Appetite ratings were also significantly higher after sleep restriction, especially for high carbohydrate, energy dense foods such as sweets, bread, pasta and potatoes.

A 1999 study by the University Of Chicago Medical Center shows that sleep deprivation severely affects the human body's ability to metabolize glucose, which can lead to early-stage diabetes (Spiegel, K., et al. 1999). The researchers limited 11 healthy men in their 20s to four hours of sleep for six straight nights, which brought them to a nearly pre-diabetic state. The subjects were 40 percent less able to clear glucose from their blood and 30 percent slower in releasing insulin than when they were allowed to sleep for 12 hours. The researchers concluded that four hour sleep nights gave the young men the insulin sensitivity of 70- or 80-year-olds. The review article by Patel and Hu in 2008 resulted in the conclusion: "Short sleep duration appears to be independently associated with weight gain, particularly in younger age groups (children)."

In 2005, Spiegel noted, "...Chronic sleep loss, behavioral or sleep disorder related, may represent a novel
(continued on page 10)

Obesity and Sleep

(continued from page 9)

risk factor for weight gain, insulin resistance, and Type 2 diabetes.”

Carl Hunt, MD, director of the National Center on Sleep Disorders Research at the National Institutes of Health summarizes the issue, “It’s no secret that we live in a 24/7 society. There are many more opportunities to do things other than sleep - 24-hour cable TV, the Internet, email, plus long work shifts. People just don’t realize how important sleep is, and what the health consequences are of not getting a good night’s sleep on a regular basis.” Hunt tells WebMD, “Sleep is just as important for overall health as diet and exercise.”

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Nutrition Educators – Your Role

- Add in questions about sleeping habits during nutritional assessment
- Provide tips on sleep hygiene
- Help parents establish a nightly routine with their children...and lead by example
- Help with priority management so that a minimum of 8 hours is allowed for sleep

Tips for Better Sleep

- Set a schedule for bedtime and waking time
- Develop a bedtime routine
- Turn off the TV or don’t allow one in the bedroom
- Relax before sleeping – deep breathing, meditation, prayer
 - At least 4-6 hours before bedtime, eliminate caffeine, nicotine, alcohol, and heavy, spicy, sweet foods
- Exercise regularly, but not right before bedtime
- Use a noise machine for white noise or other relaxing sounds
- Keep your bedroom quiet, dark, and comfortable
- Avoid napping – unless you’re sleep deprived!
- Keep pets off the bed
- Avoid watching TV (consider removing them from children’s rooms), eating, and discussing emotional issues in bed

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WIC Wellness Works

Activate My Day

Everyday Ways to Integrate Physical Activity into Your Day



Integrating physical activity and exercise into your daily living is one of the keys to staying healthy and managing your weight. The **WIC Wellness Works** program recently asked WIC wellness participants to share their tips for moving more throughout the day (at work and at home). Here are the highlights from their suggestions.

- Window shopping during lunch, eating fresh fruit while walking. *Jorita Guillen (76-12)*
- Do short spurts of exercise at desk, discreetly, at fixed intervals – stretching, bending, and using a different body part each time. *Brenda Armstead (Agency 34-07)*
- Once a week, walk the perimeter (at work) picking up trash. *Billie Tucker (76-12)*
- Walk whenever you can all day – instead of calling on the phone. *Astor Reddic (34-07)*
- We keep a log for each employee to use to monitor their physical activity. This seems to motivate us. We also blow a whistle sometimes during the day (when no one else is in the clinic), and it tells us to come together for a one to two minute activity. *Connie Kaufman (76-50)*
- Get to work 15 minutes early and walk around the building before punching in. *Jorita Guillen (76-12)*
- Exercise your legs on a large ball while watching your favorite TV show. *Karen Svetz (07-00)*
- Have fun with maracas and dance or use them with any exercise routine. *Estella Garcia (29-01)*
- Spend time with children (your own or relatives) by taking them to a large fruit orchard. Walk or run around the orchard. Pick the fruit for a few hours. Great adventure for family or suggest this to your WIC clients. Great opportunity to spend relaxing time together, bonding time, teach children how and where fruit are grown and make a healthy fresh fruit snack using the fruit they pick. *Joyce Osborn (48-Tomball)*
- Use a jump rope and hula hoop on your break or whenever you can. *Mary Diaz (29-01)*

(continued on WIC Wellness Works - 4)



WIC Clients are Walking Circles around Their Scale

Because of a novel walking program, many of the WIC clients at St. Joseph Regional Health Center in Caldwell are losing pounds and inches and gaining strength and satisfaction. WIC Wellness Works coordinator and program manager, Karen Sanders, began offering her clients the WIC Wellness Works program (WWW), “Walk Circles Around Your Scale” in May of 2008. The walking program, originally designed for WIC staff participating in WWW, has proven to be a valuable client resource.

Sanders explained, “Right now, I have 32 clients doing the walking program, and that does not include many of their children who are also participating. They are seeing real results.”

After the clients receive a medical release from their doctors, they are given the “Walk Around the Scale” tracking sheet. Clients track their steps for three months by adding one set of footprints to the sheet each time they walk 15 minutes. The goal is to “walk all the way around the scale.”

The program is a hit with clients “Because it helps them keep track of what they’re doing,” she said.

It also helps them feel less overwhelmed at the prospect of walking ten or more miles a week. “At first, you think ‘Oh my gosh that’s a lot of walking.’ But once you start doing it, you find that it’s really easy to do. My husband and I walk three to five

miles a day, and on the weekends, my son joins us. At first it seemed like a lot, but now it’s routine. I know my route and I go do it. Instead of focusing on the distance now, I’m trying to walk faster,” Sanders shared.

Her clients have been inspired by the improvements they’ve seen in her health. “My clients asked me how hard it was to start losing weight. They have seen me through my pregnancy and my weight gain, and they saw me lose it all. Even though you gain a lot of weight with pregnancy, you can lose it. Walking is wonderful. You don’t need any special equipment, just a good pair of shoes and motivation.”

Perhaps the most exciting news coming from her clients is that the walking program has become a family challenge. Many clients put the tracking sheet on the refrigerator. Their children see the sheet and it becomes a visual cue to go out and take a walk. “One client was telling me that her four-year old often says, ‘Let’s go walk Mom!’ When they return, the little girl rushes to the refrigerator to fill in one set of feet. I have seen some really colorful tracking sheets!” Sanders laughed.

Both mothers and children are seeing results. “I don’t know if it’s entirely due to the walking program, but I do know that some of the children’s BMI’s are dropping, and they are excited about walking with their mothers,” she said.





Since the program began, not a single mother among the group of 32 has dropped out, not even amid the heat of the summer. Most of the women are so enthusiastic that they are doing the program over again, and are requesting additional tracking sheets to record their progress.

Sanders concluded, “This is a really simple little walking program, but it works.”

For clinic staff guiding the program, she suggests, “Recognize clients for any effort they make. It doesn’t matter if they complete the challenge, it’s making the effort to walk that matters.”

If your clinic is interested in sharing the “Walk Circles Around Your Scale” program with your clients, contact Jennifer Krueger with the University of Texas Wellness Team at jengkrueger@yahoo.com for materials.

Karen Sanders (106-00) suggests telling clients who are participating in a walking program to:

- Take baby steps. Don’t go for distance. Just get out and walk for 15 minutes.
- Know what time you leave and what time you get back.
- Know how far you walk each day, and the next day, try to go a half block farther, or down to the next mailbox, or whatever goal you set for yourself. Just make sure that you make it a little farther each time.
- Focus on speed instead of distance. In time, distance will come and you’ll be walking miles before you know it.
- Post the tracking sheet on the refrigerator. It encourages you and your family to walk instead of snack!

February is American Heart Month – How is Your Heart Doing?



According to the American Heart Association, each year about 1.1 million Americans suffer a heart attack. About 460,000 of those heart attacks are fatal. About half of those deaths occur within 1 hour of the start of symptoms and before the person reaches the hospital. The key is seeking medical care as soon as possible.

Fortunately, everyone can take steps to protect their heart — and their life or that of someone else.

Six Key Steps To Reducing the Risk of a Heart Attack

- Stop smoking
- Lower high blood pressure
- Reduce high blood cholesterol
- Aim for a healthy weight
- Be physically active each day
- Manage diabetes

For more information on what action you can take now, visit <http://www.americanheart.org>.



Super Simple Salmon Patties

From *RecipeZaar.com*

Ingredients

1 14.75 oz. can salmon
1 egg, plus 2 egg whites
8-10 buttery crackers (like Ritz), crushed
1 tsp parsley flakes, fresh chopped parsley, or fresh/dried dill
Red pepper flakes (to taste)
Salt & pepper (to taste)

Preparation

Drain salmon well.

Place salmon in medium mixing bowl and mash it with a fork (the bones are edible and a great source of calcium – so you can leave them in if you want).

Add all other ingredients and mix together. The mixture should be stiff enough to form patties, but not too dry. If you need to, add a bit of water or more cracker crumbs until you get the right consistency.

Form into patties and place in a pre-heated skillet, sprayed with a little non-stick spray. Cook until golden brown on both sides on medium-high heat, about three minutes on each side.

Serve with lemon wedges, and if desired, low-fat tartar sauce. Recipe makes 6 patties.

Nutritional information per serving (without condiments)

Serving size: 1 patty

Calories: 63

Calories from fat: 20

Cholesterol: 55mg

Sodium: 49mg

Protein: 9.9g

Carbohydrate: 0.1g

(continued from WIC Wellness Works – 1)

Activate My Day

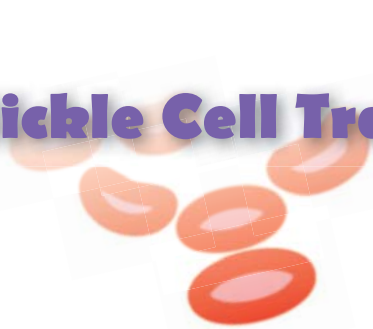
- Incorporate rapid movement while doing housework. *Nelly Jaramillo (34-07)*
- Use a push lawn mower. *Alfred Castro (27-17)*
- Wear your pedometer at work and try to reach your goal steps by the end of the work day. *Monique Soraiz (17-08)*
- Use exercise tapes or DVDs when down time permits. *Rosalinda Banegas (17-08)*
- Make use of movement while using the telephone, either stretching or toning a particular part of the body. *Karen Svetz (07-00)*
- Lift and bend more when doing household chores. Take garbage out daily. Exercise in place at the office. *Christina Solis (27-17)*
- Combine exercise with volunteering to help others by walking in various community events together. This clinic walked in the Susan G. Komen Race for the Cure. Thirty-eight people joined their “Seekers for Sneakers” team, walking in honor or memory of persons affected by cancer for the American Cancer Society’s Relay for Life. Twelve people chose to participate in the largest national long-term cancer study to be done since the 1950’s. WIC employees are awesome! *Susan McAlexander (27-00)*



Lubbock Freedom WIC staff exercise during a break. Left to right: Lucy Garcia, Kirsten Small, Alma Galvan, Amy Subia, Monica McHaney, Nancy Alvarado, Angie O’Laughlin and Rudy Calderon, Jr. (doing push-ups).

Clearing Up Confusion about Sickle Cell Trait

Submitted by the Texas Newborn Screening Program
Judy Chrisman, Newborn Screening Program Educator



In December 2007, the Texas Newborn Screening Program (NSP) began notifying parents if their infant's screen was positive for sickle cell trait. The program has been notifying physicians of sickle cell disease and sickle cell trait since testing for hemoglobinopathies began in November 1983. Parents in the WIC program may have questions regarding sickle cell trait and sickle cell disease. This article will provide you with answers to frequently asked questions as well as resources for further information.

Things to Know About Sickle Cell Trait

What is sickle cell trait?

Sickle cell trait is an inherited blood condition. It is not a disease. It occurs when a person has one gene for normal hemoglobin and one for sickle hemoglobin. (Hemoglobin is a protein in red blood cells and carries oxygen to your body.) Every person has two genes for hemoglobin; one gene is inherited from the mother and one from the father. To have sickle cell trait means a person carries one gene for sickle cell hemoglobin. This gene can be passed along to his or her children.

It is easy to confuse the term sickle cell trait with sickle cell disease. It may be a very important step to distinguish the two for clients, especially if they are worried about their child being sick.

Most people with sickle cell trait lead completely normal lives. But they may have severe problems with very extreme physical activity. It is important that the doctor knows if the parent or child has sickle cell trait.

What can happen if someone has sickle cell trait?

Sickle cell trait is passed from mothers and fathers to their children. If both parents have sickle cell trait there is a one-in-four chance that their baby will be born with significant sickle cell disease. There is a one-in-two chance that their baby will be born with a trait and a one-in-four chance that their baby will not have either sickle cell disease or trait.

If a child is positive for sickle cell trait, it is very important that the child's parents find out their own sickle cell trait status. If both parents have the trait, they may produce children with sickle cell anemia (sickle cell

disease) in the future. It is very important that parents of a baby with sickle cell trait talk to their health care professional.

People with sickle cell trait usually show no outward signs of it. It is not contagious. It rarely, if ever, affects health. People with the trait will not get sickle cell disease.

What is sickle cell disease?

Sickle cell disease is a very serious inherited blood disease. A person with this disease has abnormal hemoglobin in the red blood cells. Changes in the red blood cells cause them to be shaped like a "sickle." These blood cells are weak and sometimes get very stiff. They can get trapped in the blood vessels and interfere with blood flow. This can cause intense pain anywhere in the body. It can also damage body tissues and organs over time. Early treatment with daily penicillin can prevent death in the first few years of life.

Who can have sickle cell trait/sickle cell disease?

People of different ethnic backgrounds can have either sickle cell trait or sickle cell disease. These include Hispanics, Greeks, Italians, East Indians, Saudi Arabians, Asians, Syrians, Turks, Cypriots, Sicilians, Caucasians, and others. African Americans have the highest rate of sickle cell disease and sickle cell trait in the United States.

Newborn screening detects about 1 in 2,500 Texas newborns with sickle cell disease annually. All newborns in Texas are tested for sickle cell disease and trait.

About one in every 400 African-American babies is born with the disease, and about one in every 12 is born with sickle cell trait.

For more information call the Texas Department of State Health Services Newborn Screening Program free of charge at 1 (800) 252-8023.

For a free online training module on sickle cell trait provided by DSHS Texas Health Steps, go to <http://www.txhealthsteps.com>.

For further information and to order pamphlets go to <https://www.dshs.state.tx.us/newborn/sickle.shtm>.

By Lindsey Randall

Primary Prevention of Stroke by Healthy Lifestyle

A team of experts conducted a study to determine the impact of multiple lifestyle factors on the risk of having a stroke. Several factors were used to define a low-risk lifestyle. A low-risk lifestyle included not smoking, modest alcohol consumption, moderate activity thirty minutes or more per day, a healthy body mass index and a healthy diet score. This study concluded that individually, each low-risk factor impacts the risk of stroke and that following the recommendations of a low-risk lifestyle may be beneficial in the prevention of one.

Chiuve, Stephanie E., Kathryn M. Rexrode, Donna Spiegelman, Giancarlo Logroscino, JoAnn E. Manson, and Eric B. Rimm. 2008. Primary Prevention of Stroke by Healthy Lifestyle. American Heart Association. 118: 904-906.

Stroke Risk Plummets with Healthy Lifestyle: Quitting smoking, eating properly and exercising protects your brain, study finds.

According to this article, having a stroke is a common cause of permanent disability and one of the most prevalent causes of death in the United States. The most common type of stroke is known as an ischemic stroke, which occurs when a blood vessel in the brain is blocked. Under these circumstances, brain tissue can actually die due to an inadequate supply of blood and oxygen. A healthy lifestyle, which is defined in the article, may decrease your risk of having a stroke.

Gordon, Serena. 11 Aug. 2008. Stroke Risk plummets with Healthy Lifestyle: Quitting smoking, eating properly and exercising protects your brain, study finds. U.S. News

Diet Quality of American Young Children by WIC Participation Status

This study was completed and examined in anticipation of the new food packages. It compared the diets of children who were categorized into three different groups; the WIC-participant children, the income-eligible nonparticipants and the children who were not eligible for WIC benefits because of family income. The study found that children, as a whole, consume too much saturated fat, sodium and calories from solid fats and added sugars (SoFAAS), but not enough whole grains, legumes, dark green and orange vegetables. On average, WIC children consumed more fruits and

fewer calories from SoFAAS than the children that were income eligible but not enrolled in the WIC program. The overall diets of WIC children were comparable to the diets of children from higher income families. The reports from this study generated recommendations concerning the diets of WIC participants. The new food packages include modifications pertaining to the recommendations and will be implemented by Texas WIC in October 2009.

Coe, Nancy, and Mary Kay Fox. 2008. Nutrient Intake and Diet Quality of WIC Participants and Nonparticipants. Food and Nutrition Service. <http://www.fns.usda.gov/fns>.

The Obese without Cardiometabolic Risk Factor Clustering and the Normal Weight with Cardio-metabolic Risk Factor Clustering

A skilled team of researchers conducted a study among the general population of U.S. adults age 20 years and older. The study defined a person as metabolically healthy if they had no more than one health abnormality. More research is still needed, but basically this study indicated that weight does not necessarily determine a person's metabolic health. For example an individual can be obese, but metabolically healthy or of average weight and metabolically unhealthy.

McGinn, W. et al. 2008. The Obese without Cardiometabolic Risk Factor Clustering and the Normal Weight with Cardiometabolic Risk Factor Clustering. American Medical Association. 1617-1624.

An Older and More Diverse Nation by Midcentury

As WIC professionals, it is important for us to recognize and welcome diversity into our clinics. As the population continues to grow and age it is becoming more racially and ethnically diverse. The U.S. Census Bureau stated that minorities are currently one-third of the U.S. population and by 2023 minorities will comprise more than half of all children. It is estimated that by 2050, one in every three U.S. residents will be Hispanic, 15 percent of the population will be African American, and American Indians and Alaska Natives are projected to comprise 2 percent of the total population.

Bernstein, Robert and Edwards, Tom. 14 Aug. 2008. An Older and More Diverse Nation by Midcentury. US Census Bureau.



Take A CPR Class — Lives Depend On It

When Delores Preece was trained in CPR years ago she never imagined having to use it; but this year she found herself in a life-or-death situation.

During a training class in May 2008, Preece, administrative assistant for Nutrition Services Section

in Austin, noticed a classmate fall in the hotel corridor. She stopped to make sure everything was all right and immediately began taking action.

“I started checking the ‘ABC’s’ (airway, breathing and consciousness) and noticed quickly that she was not breathing,” she said. “I yelled to call 911 and that CPR was in progress.”

Preece gave the chest compressions and another class member conducted the breathing portion of cardiopulmonary resuscitation (CPR). Of the 35 people in the class, they were the only two class members with CPR

training. EMS arrived after five minutes and they transferred the patient to the hospital.

You never know when you’ll need CPR. Last year during a pool party, a paramedic revived Preece’s five-year-old granddaughter after she drowned. That “window of opportunity” made it possible for her life to return and again breathe on her own.

“I want to encourage everyone to take a CPR class,” she said. “If you don’t know CPR, then learn it. It can keep a person alive until emergency personnel arrive.”

Preece’s CPR patient from the training class lived two weeks after the collapse, but died following complicated heart surgery.

“At least I gave the family a chance to say good-bye to her,” she said. “They were thankful to me for helping.”

“You may never use CPR, but what if you needed it?” Preece, who is a safety officer for her office area, advised. “Take the course. It’s well worth it, and if you never have to use it — that’s even better.” – by Renee Mims

Triathlons Can Be a Family Affair

When Tracy Erickson started competing in the challenging combination of biking, swimming and running known as triathlons, her family took it in stride. When she talked her 75 year-old mom into competing, Erickson’s siblings thought she was crazy.

“My mom was the oldest participant to ever compete in the triathlon in Austin,” said Erickson, a nutritionist and breastfeeding coordinator. “Now she’s 79 years old and treated like a rock star at the event.”

During the event, participants swim a half-mile, bike for 12 miles, and run for 3.1 miles. This past June about 3,000 women joined Erickson and her mom, Phyllis Mann, for the event held at Decker Lake outside of Austin. The triathlon, an annual race for women that raises funds for breast-cancer research, is held each year in eight cities in the United States.

“Mom and I have taken part in the triathlon for five years now” she said. “I’ve made a commitment to my mom to do it every year she’s committed to doing it.”

Hearing how other people stay healthy and active is both contagious and motivating. Colleagues Mary Van Eck and Shellie Shores, who have also competed in the event, encouraged Erickson to participate. In fact, many Nutrition Education staffers in Austin have competed in the triathlon.



Erickson says her mother has always been a great role model for exercise and fitness and she’s proud that her mother doesn’t have to take any medication. “I think it’s so important for people her age to be active,” she said. “My siblings told me I was crazy for encouraging her to do it, but I knew she could.”

“When was the last time you did anything for the first time?” Danskin’s triathlon’s motto. – by Renee Mims

what's
new
in

"Follow-Up" Formulas



by Roxanne Robison, R.D., L.D.
CSHCN Nutrition Consultant

Formula manufacturers can always be counted on to periodically make additions to, change the nutrient amounts, change can sizes, labels, marketing slogans and even change the names of their formulas. This article presents changes to “follow-up” or “toddler” formulas that have occurred since an article about these formulas first appeared in the 2006 November/December issue of WIC News. Since then, Texas WIC has changed contract formula and nutrition risk codes for some qualifying conditions that affect issuance of follow-up formula. These changes are also discussed in this article.

Follow-up formulas are designed, according to the manufacturers, as a more nutritious alternative to cow's milk for children 9- to 24-months-old who are transitioning from infant formula or breastmilk to whole milk and table foods. According to one manufacturer's advertisement, follow-up formula, “bridges the nutritional gaps that can be associated with the transition to table foods.”

Follow-up formulas contain significantly higher amounts of vitamins C and E, iron and zinc, compared

with cow's milk; but lower levels of sodium, phosphorus, and protein. Follow-up formulas contain linoleic acid in measured amounts. Cow's milk contains linoleic acid, but in lesser amounts and in amounts determined by the cow's diet. Grass-fed cows have higher linoleic acid content than does the milk from cows whose diets rely on hay and corn.

The table on page 15 compares selected nutrients in follow-up formula to the standard infant formula, Similac Advance, and to whole cow's milk.

Soy-Based Follow-up Formula

Milk Allergy

The child who continues to be allergic to cow's milk past one year of age may receive better nutrition from a soy-based follow-up formula compared to a soy-based infant formula or soy milk. Follow-up formula contains the same calories as whole cow's milk and infant formula. Soy milk is generally low fat and more comparable to 2% milk. Follow-up formula has a calcium and phosphorus

content similar to cow's milk, which is much higher than infant formula. For example, the adequate intake (AI) for a 1- to 3-year-old is 500 mgs of calcium. This amount can be met in 16 ounces of Similac Go & Grow Soy, whereas 25 ounces of the infant formula, Isomil Advance, is needed to get that amount.

Vegan Diets

Children who consume vegan diets, defined as a diet void of any animal products including meat, fish, poultry, eggs, milk or other dairy products, may not get enough calories, vitamin B12, vitamin D, calcium, iron, zinc, protein and essential amino acids needed for growth and development. The risk code for vegan diets has changed from 402 to 460 for infants and 470 for children. Follow-up soy formula may be issued to children who follow a vegan diet and are over one year of age with a prescription from their medical provider.

Milk-Based Follow-up Formula

Children with Special Needs

Follow-up formula may be appropriate for children who have oral motor feeding problems due to developmental delay or disability. Oral motor feeding problems may cause a child to be delayed in progression to solid foods and foods with different textures. This commonly occurs in children who have Down syndrome, cerebral palsy or other neurological impairment, infants who were born prematurely or infants who have been tube-fed and have developed an oral aversion. If the child continues to consume most of his or her calories from

a liquid diet, switching to milk at age one may lead to iron deficiency anemia and other nutritional deficiencies because cow's milk is less nutritionally complete. A higher calorie, nutritionally complete formula, such as Pediasure, may be more appropriate for older children who need to gain weight. Because of the higher calcium and phosphorus content of follow-up formulas compared to standard infant formulas, follow-up formula may be appropriate for premature infants after 9 months corrected age.

Healthy Children

Compared to cow's milk, follow-up formula contains higher levels of vitamins C and E, zinc, and iron. WIC foods provide all of these nutrients in significant amounts with the exception of vitamin E. In fact, the Institute of Medicine (IOM) of the National Academies has identified zinc as a nutrient consumed in excessive amounts in children ages one to two years. In their latest report, IOM identified vitamin E as a nutrient that may be deficient in children's diets, ages one to two years. The best sources of Vitamin E are wheat germ oil, safflower and sunflower oils, almonds, peanuts and peanut butter — foods not generally consumed by one to two year olds. Lesser amounts of vitamin E are contained in sweet potatoes, kiwi fruit and dark green vegetables such as kale, spinach and broccoli. Attention to planning a diet containing more of these foods could provide adequate amounts. Part of the WIC mission is to educate parents and to help them plan healthy food choices that are developmentally appropriate for their children.

	AI/RDI 1-3 yrs	Enfamil Next Step Lipil DHA/ ARA	Enfamil Next Step Prosobee Lipil DHA/ ARA	Similac Go & Grow DHA/ARA	Similac Go & Grow Soy DHA/ARA	Nestle Good Start 2 Soy DHA/ARA	Nestle Good Start 2 DHA/ARA	Similac Advance DHA/ARA	Whole Cow's milk
Amount		5 oz	5 oz	5 oz	5 oz	5 oz	5 oz	5 oz	5 oz
Calories		100	100	100	100	100	100	100	100
Protein, g	14	2.6	3.3	2.07	2.45	2.8	2.2	2.07	5
Sodium, mg	200-400	36	36	24	44	40	27	24	80
Potassium, mg	2000	130	120	105	108	116	108	105	246
Vit. C, mg	35	12	12	12	12	12	12	9	1.33
Calcium, mg	500	195	195	150	150	190	190	78	193
Phosphorus, mg	460	130	130	81	100	106	106	42	152
Iron, mg	9.0	2	2	2.0	2.0	2	2	1.8	0.08
Zinc, mg	3.0	1	1.2	0.75	0.75	0.9	0.8	0.75	0.62
Vit.E, IU	5.0	2	2	3	1.5	3	2	1.5	0.09
Linoleic acid, mg	10% of fatty acids	860	720	1000	1000	920	900	1000	variable



Excellent Customer Service Satisfies

When I was in high school, one of our required readings was a book by Charles Dickens called *Great Expectations*. The main character of the book was a boy nicknamed Pip who was born into a lowly life with modest “expectations” but was satisfied and happy until he was given the “great expectation” of inheriting a large sum of money. When at the end of the novel the “great expectation” proved to be false, he became bitter and could not regain the satisfaction and happiness he originally knew.

The same could be said of our WIC clients. They remain satisfied and happy, like the baby “expecting” to walk in the pictures above, as long as their expectations are met.

What are their expectations?

Naomi Karten, author of *Managing Expectations*, says most customers don’t demand the impossible. What they want can be divided into two categories: the technical element, which means they want competent, efficient service that meets their needs, and the human element, which means they want to feel they’ve

been treated with basic courtesy and honesty, taken seriously, given explanations, and informed of options.

And customers always want to know “when.” When will I have to give my income information? When will my baby be weighed and measured? When will I see the nutritionist? When will I be through?

Establish Service Standards

So, how can WIC clinics manage customer expectations? An easy way to do this is to establish service standards that answer the who, what, when, where and how a WIC clinic visit will be conducted. Whom you can expect to see during the visit, what you are expected to bring, when you can expect certain things to happen (how long the wait is, how long the whole visit will take, etc.), where you can expect things to happen, and how you can expect they will happen.

Some agencies do this by sending the client a list of events or requirements before their visit. Others do it by posting a list on the wall of the clinic. Still others furnish



Great Expectations

by Linda Brumble, M.A., B.S.
Unit Manager, NECS

fliers to read in the waiting room. Some tell clients when they check them in.

Karten suggests, “When customers complain about poor service, it’s often because of an absence of service standards that let them know what they can reasonably expect.”

When Things Go Wrong

Even though you set service standards, there are those days when one of your employees calls from California to tell you she eloped, loves California and will never return, or two employees call in sick, or on your busiest day, your clinic supervisor has to take her child to the doctor. So what do you do?

You “reset” your standards. And you communicate the new ones to your clients. I flew to Amarillo recently and our plane was delayed. Even though this happens frequently in the airline industry, I still go with the expectation the airline will run on time. Fortunately for me, this airline thought it important to reset their service standard. The new standard became this:

Even though we can't prevent the delay and sometimes don't know much at the time about why there is a delay, we will provide updates every 15 minutes about anything new we do know and if anyone wants to change flights, we will arrange to see that happens.

You can do the same. Tell your clients there will be a delay if all the staff don’t show up. Give them a good estimate of the extended time frame. Give them the opportunity to reschedule. Or better yet, call them before they come in, if you can, to see if they would prefer to reschedule.

If our WIC clients’ expectations are not met, they, like Pip, may never be able to regain their original satisfaction with the WIC Program. And that leads to — well, you know — unhappiness, bitterness, and even desertion.

Robert Moment suggests in the March 6, 2008, issue of *Customer Service*, “Making your customer’s day means you have gone above and beyond what they expected you to do. Just remember this phrase, ‘under promise and over deliver.’”



Quiz:

1. Fruits and vegetables are part of the new food packages. Choose all the fruit and vegetables that may be purchased:
 - a. Fresh strawberries
 - b. Canned cranberries
 - c. Frozen blueberries
 - d. Wild Berry Skittles
 - e. Fresh cut pineapple
2. True or False. Tofu is part of the new food packages.
3. Whole grain products are part of the new food packages. All of the following may be purchased except:
 - a. Oatmeal
 - b. Whole wheat and corn tortillas
 - c. Bulgur wheat
 - d. Whole wheat bread
 - e. Brown rice
4. True or False. The new food packages give infants 128 ounces more juice.

Hello everybody!

by Eaton Wright, BS, NUT
Nutrition Expert

Eaton here with a brand new Test Your New Food Packages IQ. Yep, that's right, new food packages are coming in October 2009, and I think you'll find that the foods offered are a big step forward for our participants.

Now dig into the quiz.





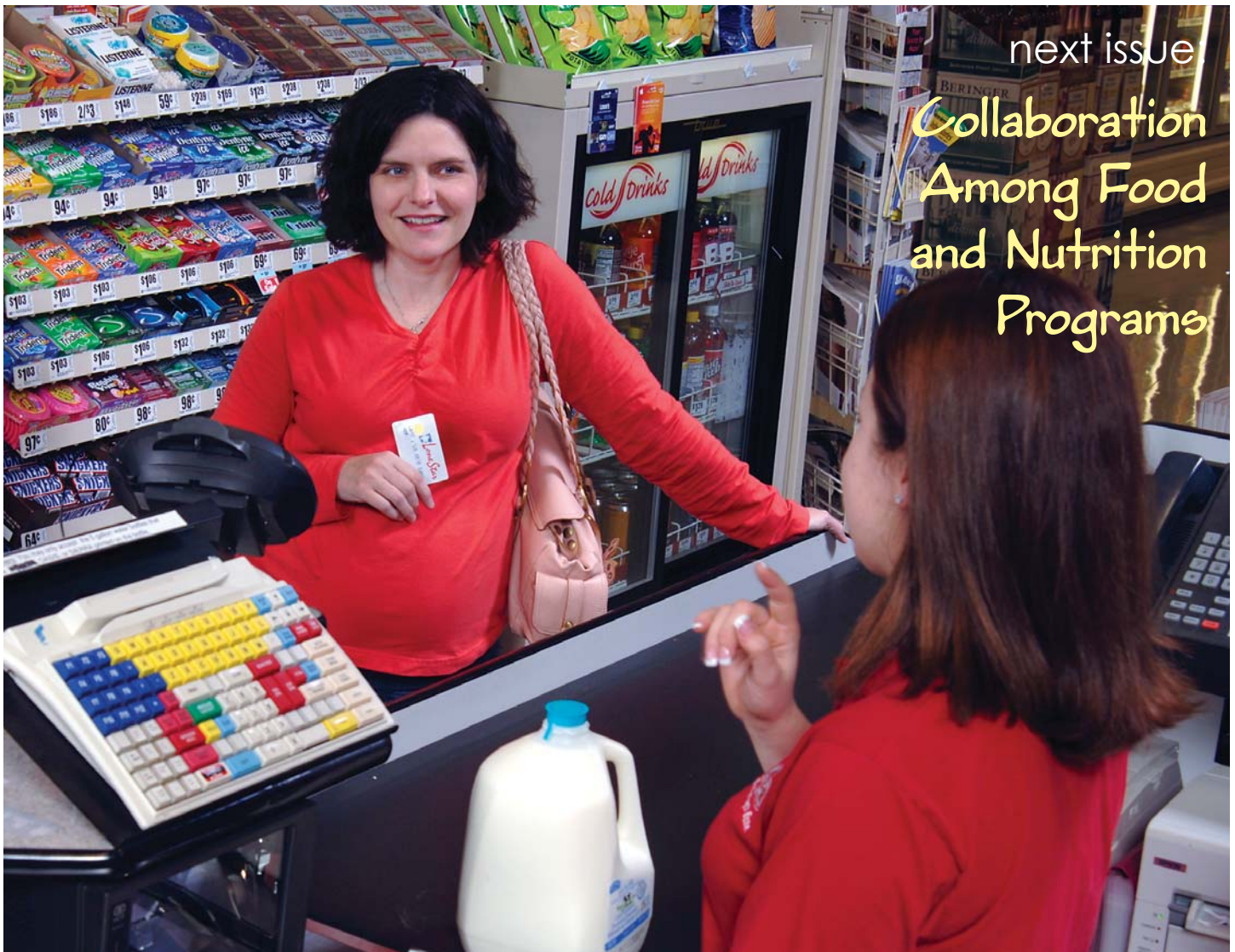
Answers:

1. This is a trick question. The correct answer is a, c & e. Canned fruits and vegetables are not allowed on the new Texas WIC food packages.* Participants may choose from fresh; fresh cut, such as cut watermelon or pineapple; and frozen fruits and vegetables. Skittles, while delicious and fun to play with, couldn't pick out a fruit from Chiquita's headdress.
2. The answer is true. Tofu, also known as soybean curd, is a soft, cheese-like food made by curdling fresh hot soymilk with a coagulant, such as calcium sulfate. Mmmmmm... sounds delicious! Tofu was first used in China around 200 B.C.
3. The answer is c. Sadly, bulgur wheat is not allowed on the new Texas WIC food package.* Bulgur is man's oldest recorded use of wheat. Bulgur is made by soaking and cooking the whole wheat kernel, drying it and then removing part of the bran and cracking the remaining kernel into small pieces. Bulgur is the main ingredient in tabbouleh.
4. The answer is false. Infants not only do not get more juice, they get none at all. But the good news is that infants now get jarred fruits and vegetables. And better still — fully breastfed infants get even more fruits and vegetables and jarred meats to boot. Go breast-feeding babies!!!

*Federal rules allow canned fruits and delicious bulgur.

About the author: Eaton Wright is a certified NUT based in Austin, Texas.





next issue
**Collaboration
 Among Food
 and Nutrition
 Programs**

Texas WIC News is now available on the Texas WIC Web site!
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>

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